

SENT VIA EMAIL OR FAX ON  
Jul/15/2011

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**  
Jul/15/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Repair, primary, disrupted ligament, ankle: col; Arthroscopy, ankle, extensive debridement

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
M.D., Board Certified Orthopedic Surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

1. IRO referral documents
2. Adverse determination letter 06/09/11 regarding non-certification left ankle arthroscopy with possible arthrotomy; cryotherapy unit rental
3. Adverse determination letter 06/21/11 regarding non-certification appeal request left ankle arthroscopy with possible arthrotomy; cryotherapy unit rental
4. Office visit Dr. 06/02/11
5. Pre-cert information sheet
6. Reference material regarding ankle arthroscopy and continuous cryotherapy
7. Designated doctor evaluation Dr. 03/23/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female whose date of injury is xx/xx/xx. She is noted to have sustained a crush injury to the left foot with partial amputation of 1st and 2nd toes. The injured employee was seen in follow-up on 06/20/11 by Dr. who noted injection was

performed in ankle joint on previous visit, which the injured employee says lasted approximately a week and a half before pain came back. Due to persistent pain within the ankle joint, the injured employee was recommended to undergo ankle arthroscopy for both diagnostic and therapeutic reasons.

A preauthorization request for left ankle arthroscopy and for possible arthrotomy was reviewed, and adverse determination letter dated 06/09/11 noted the request was non-certified as medically necessary. It was noted there were no significant physical examination findings in ankle to warrant pursuing requested surgical procedure. The records did not reflect any gross instability or stressing of ankle. The only documented finding was pain and improvement following intraarticular injection. Records reflect the claimant has had immobilization for the foot and not specifically for ankle. The specific treatment addressed to the ankle appears to only be the injection.

A reconsideration / appeal request for left ankle arthroscopy and for possible arthrotomy was reviewed and determined to be non-certified per adverse determination letter dated 06/21/11. It was noted physical examination findings in left ankle did not warrant proceeding with requested procedure. The records do not reflect any laxity in ankle or significant tenderness to palpation about the ankle. It was noted on examination the claimant has good strength in lower extremities with range of motion of left ankle showing dorsiflexion 25 degrees, plantar flexion 40, inversion 25, and eversion 20. There was no swelling, no tenderness or edema in the ankle joint as of 03/23/11 designated doctor evaluation. The injured employee's ankle joint was stable to inversion and eversion stressing and anterior drawer was negative.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The clinical data presented for review does not establish medical necessity for left ankle arthroscopy with possible arthrotomy. The injured employee sustained a crush injury to the left foot on xx/xx/xx resulting in partial amputation of the first and second toes. Per designated doctor evaluation dated 03/23/11 the injured employee was determined to have reached maximum medical improvement as of 09/13/10 with a 2% whole person impairment for partial amputation of the toes of the left foot. Per office visit dated 06/02/11 the injured employee underwent injection of the left ankle on previous visit which provided approximately a week and a half of pain relief before pain returned. As noted on previous reviews, there is no evidence of ankle instability or laxity. The injured employee had good strength in the lower extremities with range of motion showing dorsiflexion 25 degrees, plantar flexion 40, inversion 25, eversion 20. The ankle joint was stable to inversion and eversion stressing and anterior drawer was negative. Other than injection there is no comprehensive history of other conservative treatment. Per Official Disability Guidelines, the role of diagnostic ankle arthroscopy is currently limited due to the increased accuracy of radiological procedures and due to the fact that diagnostic ankle arthroscopy has been demonstrated to be associated with relatively poor outcome. Given the current clinical data, noting the minimal findings on clinical examination and the lack of documentation of conservative care, the proposed left ankle arthroscopy with possible arthrotomy is not indicated as medically necessary.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**